

OCT 30 2003

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
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CARR & FERRELL LLP
 2223 East Bayshore Road
 Suite 200 XXXXXXXXX
 Palo Alto, CA 94303

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Susan Yee (41388)	(Depositor's name)
<i>Susan Yee</i>	(Signature)
October 27, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/442,114	11/17/1999	KONSTANTINE I. IOURCHA	10/31/2003 PA2473US	5437

TITLE OF INVENTION: SYSTEM AND METHOD FOR FIXED-RATE BLOCK-BASED IMAGE COMPRESSION WITH INFERRED PIXEL VALUES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	10/27/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
DO, ANH HONG	2624	382-166000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) <i>attached</i> (ABOVE) <input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. <input type="checkbox"/> Carr & Ferrell LLP 1. _____ 2. _____ 3. _____
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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

S3 Graphics Co., Ltd.

Grand Cayman, BWI

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies _____ The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-0600 (enclose an extra copy of this form).

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(Authorized Signature) <i>Susan Yee (41388)</i>	(Date) <i>10/27/03</i>
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